

Provider Inspection Summary
For the period 04/01/2003 to 03/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: REM WISCONSIN II DOMMO DRIVE (0010047)
Address: 1501 DOMMO DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 12/01/2003
Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0095783 **End Date:** 10/25/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092629 **End Date:** 05/24/2004 **Type:** OTHER **Purpose:** COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091762 **End Date:** 11/28/2003 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: ENFORCEMENT ACTION
Statement of Deficiency: #10008650 Served 01/20/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS	10/25/2005	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	10/25/2005	Yes
83.32(2)(d)	REVIEW OF PROGRESS	10/25/2005	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	10/25/2005	Yes

Survey ID: 0090354 **End Date:** 05/22/2003 **Type:** INITIAL **Purpose:** SURVEY
Results: PROBATIONARY LICENSE ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 01/15/2004	SOD #10008650	Appealed: No
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Sanctions

PROVIDE TRAINING
FORFEITURE---83.21(4)(p)
FORFEITURE---83.35(2)

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Complaint History

Date Complaint Received: 10/20/2005

Date Investigation Completed: 10/25/2005

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/10/2004

Date Investigation Completed: 05/24/2004

Subject Area(s)

STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/28/2003

Date Investigation Completed: 11/28/2003

Subject Area(s)

MEDICATIONS
STAFF ADEQUACY
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

1008650
1008650
1008650

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